

# **WAIVER REVIEW APPLICATION DATA SHEET**

**TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED.**

1. MR./MS./DR. SURNAME
2. FIRST NAME MIDDLE NAME Male    Female
3. DATE OF BIRTH: DAY MONTH YEAR PLACE OF BIRTH (CITY AND COUNTRY)
4. NATIONALITY OR LAST LEGAL PERMANENT RESIDENCE AS SHOWN ON IAP-66 FORM
5. I AM REQUESTING A RECOMMENDATION FOR A WAIVER BASED ON: (CIRCLE ONE):  
EXCEPTIONAL HARDSHIP      PERSECUTION      INTERESTED GOV'T AGENCY  
NO OBJECTION STATEMENT      STATE HEALTH AGENCY REQUEST
6. DATE AND PLACE OF FIRST ENTRANCE TO U.S. ON ORIGINAL EXCHANGE VISITOR (J-1) VISA:  
DAY MONTH YEAR PORT OF ENTRY
7. PRESENT ADDRESS:

7. HOME PHONE: (      )
- BUSINESS PHONE: (      )
- FAX NUMBER: (      )
- E-MAIL:

8. LAST U.S. ADDRESS (IF NOT CURRENTLY LIVING IN U.S.)  
    
    
  

9. LIST ALL EXCHANGE VISITOR PROGRAMS IN WHICH YOU PARTICIPATED BEGINNING WITH THE FIRST PROGRAM.

*PROGRAM NUMBER      FIELD CODE NUMBER      FIELD/SPECIALIZATION*

          
        

*(CONTINUE ON SEPARATE SHEET IF NECESSARY)*

10. GIVE AN EXPLANATION FOR ANY PERIOD OF TIME IN THE U.S. NOT COVERED BY YOUR IAP-66 FORMS.

*(CONTINUE ON SEPARATE SHEET IF NECESSARY)*

11. INS ALIEN REGISTRATION NUMBER: A    -    -

*(IF UNKNOWN, WRITE "UNKNOWN")*

12. DID YOUR EXCHANGE VISITOR PROGRAM INCLUDE U.S. GOVERNMENT FUNDS, FUNDS FROM YOUR OWN GOVERNMENT, OR FUNDS FROM AN INTERNATIONAL ORGANIZATION? YES / NO

*(IF YES, PLEASE ATTACH FULL PARTICULARS CONCERNING THE FUNDING ON A SEPARATE SHEET OF PAPER.)*

13. DOES THIS APPLICATION INCLUDE J-2 DEPENDENTS? YES / NO

*(IF YES, PLEASE LIST THEIR FULL NAMES ON A SEPARATE SHEET OF PAPER.)*

14. IS YOUR SPOUSE IN J-1 STATUS? YES / NO

IF YES, IS HE/SHE ALSO APPLYING FOR A WAIVER? YES / NO

*(IF YES, PLEASE GIVE DETAILS ON A SEPARATE SHEET OF PAPER)*

**DO NOT WRITE IN THIS SPACE**

NO. EH. P. IGA. SDOH

VISTA #   

Data rec'd    /    /   

Fee paid    /    /   

RL    /    /   

NO:    /    /    country   

EH/P: I-612    /    /   

Docs.    /    /   

IGA: Letter    /    /   

Docs.    /    /   

Contract    CV   

Stmt: Facility    MD   

Labor    HPSA   

SDOH: Letter    /    /   

Contract    HPSA#   

REC    NOT REC   

SIGNATURE

DATE

## APPLICATION INSTRUCTIONS

### ATTACHMENTS

(Remember to keep a copy of any documents sent to us for your own records)

**THE WAIVER REVIEW DIVISION WILL SEND YOU A CASE FILE NUMBER ALONG WITH DETAILED INSTRUCTIONS ON THE SPECIFIC DOCUMENTATION REQUIRED FOR A WAIVER RECOMMENDATION ON THE BASIS FOR WHICH YOU ARE APPLYING. YOU MAY SEND THE FOLLOWING DOCUMENTS NOW WITH THIS APPLICATION OR WAIT UNTIL YOU RECEIVE YOUR CASE FILE NUMBER AND INSTRUCTIONS. PLEASE DO NOT SEND THE SAME DOCUMENTS MORE THAN ONCE.**

- A STATEMENT REGARDING YOUR REASONS FOR NOT WISHING TO FULFILL THE TWO-YEAR COUNTRY RESIDENCE REQUIREMENT TO WHICH YOU AGREED AT THE TIME YOU ACCEPTED EXCHANGE VISITOR STATUS.
- COPIES OF ALL IAP-66 FORMS
- PHOTOCOPIES OF ANY I-94 CARDS (FRONT AND BACK)
- PLEASE DO NOT STAPLE ANY DOCUMENT
- PLEASE AVOID TWO-SIDED DOCUMENTS AND USE ONLY 8-1/2" X 11" PAPER.
- YOU MUST INCLUDE TWO SELF-ADDRESSED STAMPED ENVELOPES.
- DO NOT CALL TO VERIFY THAT THE APPLICATION HAS ARRIVED.

### FEE INFORMATION

PLEASE SEND YOUR DATA SHEET APPLICATION, PROCESSING FEE PAYMENT AND A SELF-ADDRESSED, STAMPED ENVELOPE TO:

#### **POSTAL SERVICE**

US DEPARTMENT OF STATE  
WAIVER REVIEW DIVISION  
P. O. BOX 952137  
ST. LOUIS, MO 63195-2137

#### **COURIER SERVICE**

US DEPARTMENT OF STATE  
WAIVER REVIEW DIVISION  
(BOX 952137)  
1005 CONVENTION PLAZA  
ST. LOUIS, MO 63101-1200

THE PROCESSING FEE IS \$136 PER J-1 APPLICANT. PLEASE SEND A CASHIER'S CHECK OR MONEY ORDER IN U.S. CURRENCY DRAWN ON A U.S. BANK, MADE PAYABLE TO **THE DEPARTMENT OF STATE**. INCLUDE YOUR NAME, AND DATE AND PLACE OF BIRTH ON WHATEVER FORM OF PAYMENT YOU SUBMIT. DO NOT SUBMIT MORE THAN ONE APPLICATION FEE PER PERSON.

FOR INFORMATION ON THE DIFFERENT BASES FOR A WAIVER OF THE TWO-YEAR RESIDENCE REQUIREMENT OR OTHER GENERAL WAIVER INFORMATION, PLEASE REFER TO OUR INTERNET WEBSITE: <http://travel.state.gov/jvw.html>.